



PART B - FEE(S) TRANSMITTAL

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53609 7590 02/01/2006

REINHART BOERNER VAN DEUREN LTD.
483 NORTH MULFORD ROAD
SUITE 7
ROCKFORD, IL 61107

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A. Locke	(Depositor's name)
<i>A. Locke</i>	(Signature)
April 21, 2006	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/789,307	02/27/2004	Michael A. Walt II	502639	9208

TITLE OF INVENTION: METHOD FOR MONITORING PROPER FASTENING OF AN ARTICLE OF ASSEMBLY AT MORE THAN ONE LOCATION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	05/01/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
COZART, JERMIE E	3726	029-407020

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Reinhart Boerner
Van Deuren P.C.
2
3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

LMS-Walt, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

DeKalb, Illinois

04/28/2006 HAHMED2 00000042 503505 10789307
01 FC:2501 700.00 DA
02 FC:1504 300.00 DA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☐ Advance Order - # of Copies

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- ☐ A check in the amount of the fee(s) is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-3505 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Andrew J. Heinisch

Date April 21, 2006

Typed or printed name Andrew J. Heinisch

Registration No. 43666

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